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Bib Data Sheet

SERIAL NUMBER 10/052,586	FILING DATE 01/15/2002 RULE	CLASS 435	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. P3430R1C1
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/059,263 09/18/1997

and claims benefit of 60/059,266 09/18/1997

and claims benefit of 60/062,250 10/17/1997

and claims benefit of 60/063,120 10/24/1997

and claims benefit of 60/063,121 10/24/1997

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and claims benefit of 60/079,786 03/27/1998

and claims benefit of 60/080,107 03/31/1998

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and claims benefit of 60/089,952 06/19/1998
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see A.P.E.
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** FOREIGN APPLICATIONS *****

UNITED STATES OF AMERICA PCT/US98/19330 09/16/1998
 UNITED STATES OF AMERICA PCT/US98/21141 10/07/1998
 UNITED STATES OF AMERICA PCT/US98/25108 12/01/1998
 UNITED STATES OF AMERICA PCT/US99/05028 03/08/1999
 UNITED STATES OF AMERICA PCT/US99/10733 05/14/1999
 UNITED STATES OF AMERICA PCT/US99/12252 06/02/1999
 UNITED STATES OF AMERICA PCT/US99/20111 09/01/1999
 UNITED STATES OF AMERICA PCT/US99/21090 09/15/1999
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 UNITED STATES OF AMERICA PCT/US00/05004 02/24/2000
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 UNITED STATES OF AMERICA PCT/US01/21066 06/29/2001
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 UNITED STATES OF AMERICA PCT/US01/27099 08/29/2001

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/20/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>ML</i>	MD	615	24	12

ADDRESS

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 94111-3335

TITLE

Secreted and transmembrane polypeptides and nucleic acids encoding the same

<p>FILING FEE RECEIVED 1568</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit _____</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
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